



**PATIENT PRESENTING CLINICAL SIGNS**

**Patient:** Ichabod Pazos  
**History:** History of jejunal mass August 2022 Today: Vomiting and diarrhea for 1 week  
**Current meds:** Prednisone 5mg SID, was also on B12

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Species:** Feline

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

**Breed:** DSH

**Sex:** Neutered Male

The left kidney is normal in size (3.87 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Age:** 10 years

The right kidney is normal in size (4.04 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Weight:** N/A

**Adrenal Glands**

The left adrenal gland is normal in size (0.22 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (*Small Animal Internal Medicine*)

**Spleen**

The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Val Shumskaya

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

New Bridge Vet Pract

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Glennon

**Gastrointestinal**

The gastric lumen is mildly to moderately distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. A >2.50 cm segment of bowel (which is thought to be distal ileum), is focally thickened (up to 0.40 cm) with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal segments are normal in thickness with a normal layering pattern. The colonic wall is normal.

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**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.



## PATIENT

Ichabod Pazos

## Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Focal bladder wall thickening/mass effect (suspected to be ileal in origin). Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected. However, in light of the cytology results from the previous intestinal mass, a focal inflammatory process is also possible. Adjacent peritonitis is present. The bowel wall thickening is different in appearance compared to the previously observed mass, which was luminal in origin.

## BREED

DSH

## SEX

Neutered Male

### Secondary Findings

- Minor geriatric hepatic renal changes

## AGE

10 years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine-needle aspirate of the bowel wall thickening can be considered (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, or the area is inaccessible, surgical biopsy may be necessary to get a definitive diagnosis. Thoracic radiographs should be performed prior to anesthesia.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI.

## WEIGHT

N/A

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## IMAGING PERFORMED BY

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## HOSPITAL NAME

New Bridge Vet Pract

## REFERRING VET

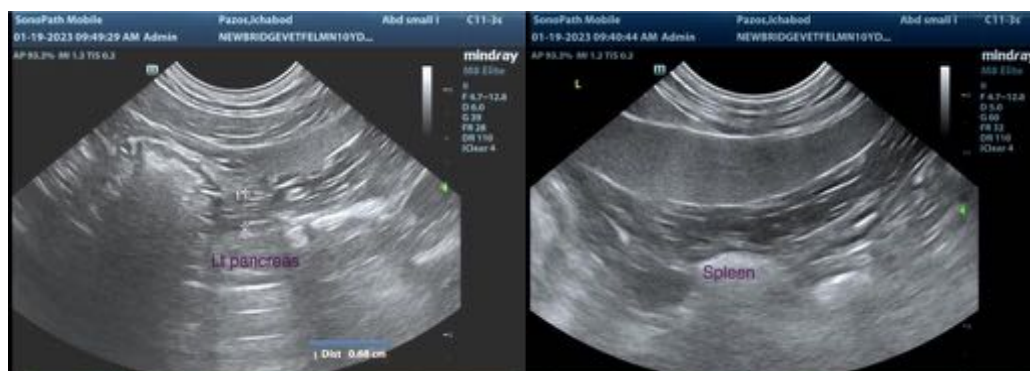
Dr. Glennon

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**PATIENT**

Ichabod Pazos

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10 years

**WEIGHT**

N/A

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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